

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10/647023</u>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
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TOTAL IND.							
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TOTAL CLAIMS							

  

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TOTAL IND.						
TOTAL DEP.	459					
TOTAL CLAIMS	162					